								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL		
TOTAL CLAIMS			7				.	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			√ minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			h minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							- {	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ŧ	TOTAL	04	OR	TOTAL		
8	CLAIMS AS AMENDED - PART II									.	OTHER		
<u> </u>	(Column 1)		(Colum			(Column 3)		SMALI	LENTITY	OR	SMALL		
AMENDMENT A	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 7	Minus	** 6	W)	=		X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	***	3	-/	ı	X43=		OR	X86=	þ	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
15							L	TOTA		OP	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								WOII. FE			ADDII. I LE		
AMENDMENT B		CLAIMS		HIGH	EST		Γ		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	ı	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	, sink	OIX	=	l	X\$ 9=	1.55	OR	X\$18=		
	Independent	*	Minus.	***		2	t	X43=		OR	X86=		
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
·								+145=		OR	+290=		
•								TOTAI DOIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ပ	•	CLAIMS REMAINING AFTER :		HIGHE	ER	PRESENT	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID F	USLY	EXTRA	L	HAIE	FEE		DAIC	FEE	
	Total '	•	Minus	**		= .		X\$ 9=	1 1	OR	X\$18=		
	Independent	•	Minus	***			Γ	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	 	ı	.000		
• 8	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** !	** If the "Highest Number Previously Paid For" IN THIS SPACE is 1 ss than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT, FEE		
		ber Previously Paid					foun	d in the a	ppropriate box	in colu	ມກາກ 1.		